DOCUMENT RESUME

ED 144 314 EC 102 362

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TITLE Child Abuse: From Research to Remediation.
PUB DATE May 77
NOTE 44p.; Paper presented at the Groves Conference on Marriage and The Family (Liberty, New York, May 5-8, 1977) ; Best copy available

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS *Child Abuse; Conceptual Schemes; *Etiology; Exceptional Child Research; Family Problems; *Models; Neglected Children; Psychiatry; *Research Reviews (Publications); Sociology; Therapy

ABSTRACT

Reviewed is research on the etiology and treatment of child abuse, specifically on three basic theoretical models: A psychiatric model emphasizing the individual abuser's role; a sociological model stressing the impact of social factors; and a model which focuses on the child's role in stimulating his own maltreatment. The second part of the paper critically examines remediation strategies within each model (including self help groups, homemaker services, and changes in treatment of premature infants). The importance of considering all three models in devising treatment strategies is stressed. (CL)

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CHILD ABUSE: FROM RESEARCH TO REMEDIATION

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Paper prepared for Groves Conference on Marriage and The Family; May 5-8, 1977; Liberty, New York.

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ABSTRACT

A review of the research on child abuse suggests three basic theoretical models to account for the etiology of abuse: (1) a psychiatric model emphasizing the role of the individual abuser; (2) a sociological model highlighting the role of social factors in abuse; and (3) the effect of child on caregiver model pointing toward the role the child plays in stimulating his own maltreatment. Each model suggests distinctly different strategies for the prevention and treatment of abuse. After reviewing the research defining each theory, and critically examining the remediation approaches based upon each model, this paper concludes by stating that only strategies based upon a serious consideration of all three models, and thus addressing problems of the abuser, the victim, and the society, can hope to be successful in significantly reducing the incidence of abuse.

Like so many other social, psychological, and even medical problems, efforts to treat child abuse are guided by beliefs concerning the etiology of the disturbance. The research to date on child abuse highlights three general theoretical models to account for the cause of abuse. Each suggests distinctly different strategies for remediating the problem of child maltreatment. The purpose of the present paper is to review the research defining each of these three theoretical models in order to critically examine approaches for dealing with this disturbing social problem. The paper will be divided therefore in two major sections: the first reviewing the research falling within each of these three etiological models: the psychiatric, the sociological and the effect of the child on caregiver models; the second critically examining treatment strategies derived from each of these perspectives.*

THE ETIOLOGY OF CHILD ABUSE

Before proceeding to a discussion of each of the three aforementioned models, a number of comments must be made about this trichotomy - all of which point to the major conclusion of this paper; namely, that no single model can adequately explain the cause of abuse. As a result, no remediation strategy founded solely upon one of these models to the exclusion of the others can hope to be successful in significantly reducing or eliminating the incidence of abuse.

The first point that needs to be made vis-a-vis this conclusion concerns

* Any similarities between this paper and that of Parke and Collmer[55] are purely coincidental and probably result from the structure inherent in the literature reviewed. This paper represents a revised version of a more lengthy and comprehensive manuscript[6] that was outlined long before the author became aware of Parke and Collmer's work; only in those places where their work has been referenced have they influenced this work.

the fact that it is theoretically naive to assume that the individual abuser, who is the focus of the psychiatric model, exists independent of the society in which he is imbedded, the focus of the sociological model. No adequate explanation of abuse can disregard, then, either the society of the abuser or the abuser himself, as both the sociological and psychiatric models tend to do.

In addition, it must be recognized that the child-caregiver relationship is not unidirectional in terms of cause and effect. The child influences and affects his parents as well as being influenced and affected by them[4,5]. Furthermore, this relationship cannot be conceptualized in terms of a simple stimulus-response system; the interaction within this dyad, abusive or otherwise, is continually changing, resulting in a dynamic rather than a static interplay of participants[65]. Therefore, any model of abuse that focuses solely upon one participant of the parent-child system to the exclusion of the other member must invariably fail in its attempt to account for the process through which abuse occurs.

Having made these comments with regard to the trichotomy of models to be discussed, the research relevant to each theoretical perspective will be reviewed.

The Psychiatric Model

The most basic assumption of the psychiatric model is that the factors which cause abuse lie within the individual abuser. It is the purpose of this section of the paper to review the evidence which has been collected to date suggesting the individual is to blame for child abuse.

One common explanation of why a person would physically abuse a child assumes the abuser to be psychologically disturbed - for only a deranged person would willfully harm a poor, defenseless child. Although early writers in the

field tended to reinforce this popular notion,[55] many questions have been raised regarding the relationship between mental imbalance and abuse.[9] In fact, Kempe[39] has recently estimated that less than 10% of child abusing adults can properly be labelled mentally ill.

When less severe psychological disturbance is cited as a causative agent responsible for the occurrence of abuse, more contemporary support can be found.[37] In an early follow-up study of 31 children classified as either abused, unclassified or not abused, Elmer,[18] for example, found that emotional difficulties were common within the abusive families. One-half of the mothers of abused and unclassified children were judged, via interviews, to be depressed, and many more of the abusive mothers than those of the other two groups reported disturbances in eating and sleeping as well as tendencies to have crying spells. It should be noted that alchoholism has also been linked to abuse.[9,33,37,73]

The psychological disturbance most commonly observed in abusers is characterized by a distorted perception of the nature of childhood. Rather than viewing the young child as a dependent organism who must be cared for and nurtured, the abusive parent expects to be cared for and nurtured by the child; Morris and Gould[50] labelled such a process role reversal. When children fail in their role by not meeting their parent's needs and expectations, psychodynamic theorists argue, abuse results; the parent strikes back in anger at his excessively dependent child who has become a burden rather than a source of emotional support.[11,34,37,48,69]

Often occuring in conjunction with role reversal is an additional personality feature indicative of the parent's distortion of the nature of childhood. Abusive parents seem to maintain grossly inaccurate assumptions regarding the child's developing competencies. The expected age of onset of various behavioral landmarks such as walking, talking, and bowel and bladder control,

for example, is often poorly estimated. And these poor estimates tend to be in the direction of expecting too much too soon. Once again such misperception leads to parental frustration with the child's excessively dependent state. When this frustration becomes too much for the parent, already disappointed with the child's failure to fulfill his prescribed role, anger towards and violence against the child result.[33,61,69,70]

Evidence in support of this explanation can be found in the clinical work of Steele and Pollack[70] and Galdston.[21] In addition to making excessively high demands upon their children at all ages, their patients were observed to ascribe to their infants an adult's capacity for deliberate, purposive and organized behavior. Anecdotal evidence best illustrates this phenomenon; Blumberg[9] cites the case of one father who judged his infant's crying behavior to be intentional, motivated by a desire to "get back" at the father. Young[73] discerned similar disturbances in parental perception.

Before concluding that such distorted perception of childhood causes abuse, a critical appraisal of the work upon which such an hypothesis is based is required. It should be noted that the criticisms to follow are not solely characteristic of, nor restricted to, research highlighting the process of role reversal among abusive parents. Rather, they apply more broadly to much of the research evidence in the field of child abuse and neglect. Investigations in this area are most often comprised of small clinical samples that are non-randomly selected. Furthermore, these studies rarely employ non-abusive families as control groups. As a result of these design problems, it is often difficult to ascertain whether the attributes ascribed to abusers are specific to these individuals or more generally characteristic of the population at large.

In light of these criticisms it is interesting to note that the single, well controlled, empirical investigation aimed at testing the "distortive impression" hypothesis of abuse failed to find support for the contention that abusive parents have excessively high expectations for their children's performance. A doctoral study by Stultz[71] consisting, in part, of interviews with three groups of mothers with children under the age of five, all representing non-modal family types (abused children, handicapped children, children in day care), revealed no differences between the mothers in terms of the demands they made on their children. However, it is essential to note that of three scales derived from Stultz's interview, the measure of parental expectations was the least reliable. It seems reasonable then, to retain this factor as potentially influential in the occurrence of abuse since Stultz's study cannot be considered definitive, and since repeated clinical observations have suggested that abusers often do expect too much, too soon, from their children. It must be emphasized, however, that neither this variable, nor any other found to be related to abuse for that matter, has been shown, in and of itself, to be predictive of abuse. In fact, a study by DeLissovoy[17] of young parents indicates that ignorance of developmental landmarks in childrens' growth is a widespread phenomenon. It is therefore doubtful that each parent who does not know when his child should be able to walk or talk will maltreat him as a result of his unexpected slow, or fast, progress.

The psychiatric quest for an etiologic understanding of abuse must move beyond a description of the abusive personality. The question of interest to those conceptualizing abuse as a disturbance in the individual abuser, and thus for those concerned with treatment working from this perspective, must focus upon the life history of the abuser. And on this issue there appears to be a good deal of agreement in the field; the one characteristic that abusers have

been repeatedly observed to share is a history of abuse or neglect in their own childhoods.[34,39,52,69,70,73,74,75] Again in warning though, such consenus should not be interpreted to imply that each and every abused or neglected child grows up to be a child abuser himself. In fact, serious doubts concerning the validity of this intergenerational transmission proposition, grounded in the previously discussed inadequacies of much of the child abuse research, have repeatedly appeared in the literature.[22,36,38]

Even among those in agreement with regard to the previous life histories of many abusers, lack of consensus can be found on a question of central concern to those involved with treatment: Why should the experience of abuse or neglect result in an abusive personality? As will be highlighted in a later section, different answers to this question suggest varying remediation strategies.

Two theories are available that attempt to account for the process by which a parent's own previous history of child abuse and neglect results in his behavior as a child abuser. The first explanation assumes that abuse is learned. The process through which such learning occurs is modelling. That is, the maltreated child, as an adult, simply imitates the child care practices he observed while growing up. One piece of evidence supportive of this explanation is the frequent observation that abusive parents do not react as if they have done anything improper; this suggests that these individuals are simply behaving in the only way they know how.[73]

One difficulty with such an explanation is that these abusers must surely have observed other adults care for children. Why then do they not model these more competent caregivers? One possibility based upon operant learning theory is that abuse represents a generalized form of behavior which the abuser, as a child, was reinforced for maintaining.[57,58,59,60.] In fact, recent investigations of the development of aggressive behavior indicate that parents and peers may be instrumental in reinforcing such anti-social behavior patterns. That such long maintained styles of social interaction could take the form of abuse in

adulthood certainly seems possible.

Recent analysis of data collected for the National Commission on the Causes and Prevention of Violence[1] provides additional support for this contention. Owens and Strauss[53] found that interpersonal violence received as a child, observed as a child, and committed as a child, correlated positively and consistently, though modestly, with the approval of interpersonal violence as an adult.

An alternative and more popular model adopted to explain how abuse and neglect lead to abuse is psychodynamic in nature. The abusive adult, dynamic theorists contend, exists in a state of emotional deprivation as a result of his early experience of not being loved. Having never been "mothered", this individual, as a parent, turns to his offspring for the nurturance of which he is so in need. When this is not forthcoming, abuse, as discussed earlier in the process of role reversal, is likely to result.[11,33,48,70]

Another interpretation, complimentary to the preceding one, suggests that children who are unloved never learn how to love. The absence of an early loving relationship denies the child the experience necessary for the development of empathy, an essential component of mature love.[48] And the inability to empathize as an adult inevitably results in the parent's distortion of the nature of childhood, an outcome of which may be role reversal and with it abuse.[9,34,48]

In addition, these unlove children develop poor self concepts; one consequence of such a negative self image is that as adults, these individuals believe their children to be worthless. The psychodynamic process works as follows: "Since I am worthless, anything of me is also worthless." There should be nothing disconcerting, then, about treating a worthless object, the child, in a worthless, that is, abusive way.

What these complimentary psychodynamic explanations suggest, then, is that early rejection, abuse and neglect disrupt the personality development of young children who, as adults, tend to be aggressive, insensitive, and non-caring. Interestingly, cross-cultural data analysed by Rohner[63] indicates that this is

a universal process not restricted solely to the American scene. Rejected, unloved children, the world over, he discovered, grow up to become hostile, agressive adults who devaluate themselves and tend to be emotionally unresponsive. That adults with such life histories and these characteristics abuse their children should not be completely surprising.

As one might expect, given the previous criticisms of the available research to date, no adequate test of either this psychodynamic theory or the previously discussed learning explanations has been conducted. Hopefully, this inadequate state of affairs will be corrected in the near future via investigations sampling large populations at random while using controlled designs to explicitly test hypotheses. Only by adopting such procedures can the researcher be certain that those characteristics and experiences identified as distinctive attributes of abusers are not merely characteristics of the greater population, of which abusers are only a part.

Although the social learning and psychodynamic theories were presented separately, this should not be taken to imply that these are necessarily competing explanations. It seems reasonable to assume, until evidence to the contrary is offered, that both processes are at work simultaneously.

To summarize, factors associated with an individualistic explanation of the causes of child abuse have been presented. In addition, an attempt has been made to determine how such characteristics evolve within the abuser as well as why they might eventuate in abuse. As a preface to the following section, it should be noted that a general dissatisfaction with the psychiatric model, as presently conceived, can be found among many writers in the field.[22,30] Its strongest critic, Gelles,[25,26,27] has noted that of 19 personality traits identified as characteristics of abusers, only four have been cited by two or more authors. It seems mandatory, then, that we look past individualistic

explanations of abuse toward, as Gelles suggests, a more sociological evaluation of the problem. Before proceeding, however, we should warn against pitting these two approaches against each other; our understanding of child abuse does not yet permit us the luxury of selecting one theoretical model and discarding another.

The Sociological Model

The sociological model is founded upon the premise that it is forces within the society, rather than within the individual, which are primarily responsible for the occurrence of child abuse. At the very root of this model is the belief that when families are subjected to stress, violence is likely to result; child abuse is simply one form which this violence may take.

Those social factors which have been found to be related to child abuse, and which have been suggested as likely to increase the stress under which families exist, will be examined below. Before proceeding with this examination, it should be noted that the majority of the data implicating these social factors, and thereby suggesting the relationship between social stress and child abuse,was collected from subjects contacted through, or records obtained from, social service agencies and hospitals. Since poorer families are more likely to contact these agencies, a tendency exists for the lower social classes to be over represented. This is an important consideration to keep in mind in evaluating the validity of the social stress model; any relationship observed between social stress and child abuse may be artifactual, the result of biased sampling. Because social stress happens to be a general and widely recognized characteristic of the population studied, it may appear to be causally related to abuse when in actuality it is merely a general characteristic of lower class families of which the studied abusive families are only a part.

Social Class: Probably the most frequently reported characteristic of

abusive and neglectful families is their lower socioeconomic status.[18,26,62,69] Paulson[61] and Blake, for example, examined the hospital records of 96 identified cases of abuse in the Los Angeles area between 1964 and 1967; of the 50 families for which sufficient data was available, 75% of the fathers of these households worked in unskilled and semi-skilled occupations. Supportive of these findings was Gil's[31] later comprehensive national survey of 13,000 abuse cases; he found that the incomes of abusive families were below the national average.

Before concluding, however, that lower socioeconomic status and child abuse are inextricably related, it must again be emphasized that few investigations noting this association have sampled random cross sections of the population. A study by Johnson and Morse[37] represents a case in point. Almost all the 101 abused children whose hospital records were examined by these investigators lived in slums, one-third belonged to families receiving public assistance, and two-thirds lived in households headed by an adult who had less than a high school education. Note though that all these children's records were drawn from a hospital located in an economically depressed inner city area! It would be improper, therefore, to make generalizations to the population at large on the basis of this piece of research.

Irrespective of the preceding cautionary remark, the relationship between SES and abuse can not be discounted. A number of well designed investigations have repeatedly found support for the contention that abuse is more frequent among poorer families. Garbarino,[24] for example, in what might be labelled a macro-variable demographic study, found, by correlating characteristics of counties in New York state with their respective rates of abuse, that economic stress was the best single predictor of abuse rates on the county level. While adopting a completely different methodology, Giovanni and Billingsley[32]

were able to demonstrate that even within a low SES population, income level differentiated between adequate, potentially neglectful, and neglectful families. Hospital records revealed that the neglectful families were significantly poorer than contrast groups.

Since a notable few workers in the field of abuse have reported that the maltreatment of children occurs across a wide array of SES groups, there is a need to explain why abuse is so frequently found to be related to lower social class status.[28] Data from Gil's national survey shed some light on this subject. He found that the principle reporting agencies of abuse were hospitals (49%) and the police (23%); private physicians and social agencies accounted for a mere 3% of the reported cases of abuse he studied. Since it is well known that the poor are more likely to use the public hospitals than the private physicians of their middle class counterparts, or run into trouble with the police for that matter, it is not surprising that abuse in this population is more likely to come under public scrutiny. It seems justified, then, to suspect that abuse in the middle class is more frequent than studies and surveys presently indicate.

Unemployment: In addition to being poor, or possibly in conjunction with being poor, abuse appears in families suffering from unemployment.[69] [31] Gil's aforementioned survey found that nearly one-half of the fathers implicated in the abuse cases examined were not employed throughout the year in which the abusive incident occurred. Even after employing elaborate statistical procedures in order to account for the biased reporting evident in Gil's data, Light[45] found that father's unemployment remained important; this factor most frequently differentiated abusers from non-abusers.

Why should unemployment effect the rate of abuse? One explanation offered by Gelles[26] is that family violence, possibly taking the form of abuse, may be a response by the father to being dethroned as family provider. This may especially be the case when unemployment results in a sense of personal

powerlessness; for one way to retain that power is by exercising one's force against defenseless children.[62]

An alternative, though not necessarily competing explanation, considers it important that the unemployed parent spends a large period of time, previously spent at the work place, at home. If the parent is not prepared for the everyday pressures resulting from being around children, or if his interactions with them, even under the best of circumstances, are not harmonious, then the likelihood of his becoming angry and expressing this sentiment toward the children is enhanced.

Whatever the actual mediating process by which unemployment increases the likelihood of abuse, it is fairly obvious that the loss of a job can result in an exceedingly stressful home situation with potential for volatile social interaction.

Social Isolation: An often cited characterisitc of abusive families is their general isolation from the rest of the community.[7,23,32,45,62,69,74] Elmer's[18] early study found that abusive mothers had fewer formal as well as informal associations outside the home than did two comparison groups of mothers. In addition, these abusive parents scored higher on an index of anomie. More recent work by Newberger and his colleagues[52] reported similar results. In comparing three groups of subjects, these researchers found that abusive and neglectful families had fewer phones and perceived their neighborhoods as less friendly than a control group.

Two explanations are available to account for this oft cited association between social isolation and child abuse. A theory based upon social conformity posits that aberrant behavior such as child maltreatment could occur only under conditions in which normal social sanctions regarding child care practices are lacking. Families that receive few visitors, be they friends, neighbors,

or relatives, and whose contacts with the outside world are infrequent, would be unlikely to have their caretaking scrutinized and thus criticized when and if it surpasses socially accepted limits.

An alternative, but not necessarily competing explanation, posits stress as the critical attribute to account for the relationship between abuse and isolation.[14,22] According to Kempe,[39] what abusive families lack is a "lifeline." During particularly stressful times, they have no means of escape, no friends or relatives to turn to for help. Data from a recent study by Green, Gaines and Sandgrund[34] supports this contention; many of the 60 abusive mothers interviewed by these researchers reported they could not find help in their child-rearing role because they felt alienated from extended families. In fact, follow-up analysis of this data indicated that to a statistically significant extent, these abusive mothers received less assistance in caring for their children than did a comparison group of 30 neglectful mothers, who, it should be noted, received less assistance than did a group of non-abusive/neglectful controls.[33]

A number of factors associated with child abuse seem to foster the isolation which characterizes so many of these families. For example, both single parenthood and high mobility have been found to be frequent in abusive households.[31,33,42,73] Whatever the reason for the observed isolation, the data seem to indicate that when families are cut off from the community, both in terms of formal and informal ties, the probability of stress increases, the possibility of social sanctioning of child care practices decreases, and, as a result, the likelihood of abuse is enhanced.

Size of Family and Spacing of Children: Additional characteristics of family structure which appear to be related to the incidence of child abuse are the number of children in the family and the spacing of these children.[32]

Gil's[28] national survey revealed that not only did the proportion of abusing families (39.5%) with four or more children exceed the proportion found in the general population (19.6%), but that the proportion of abusing families with one or two children (18% and 22%, respectively) was less than that found in the population at large (32% and 30%, respectively). Young's[73] early study of abused and neglected children discerned the same pattern; 20% of the families she investigated had fewer than three children whereas 37% had greater than six!

The relationship between family size and child abuse does not appear to be restricted solely to the United States. Light[45] reported that in both New Zealand and England the proportion of abusive families with four or more children is much greater than that found in the general populations.

Working within the stress model, the relation between family size and incidence of abuse suggests that the more children the family has, the greater the strain placed upon the available resources, economic and otherwise. If the family is poor to begin with, it is easy to imagine the increase in stress that accompanies each additional child.

Data on spacing indicate that children increase stress in ways other than simply adding to the drain on available resources. The fact that abuse is found more frequently in families with children closely spaced suggests that the daily chore of caretaking can become so burdensome as to result in abuse. When resources are scarce and children are close in age, particularly if young and thus highly dependent, the disruptive forces placed upon family life increase dramatically, proabably past the point at which some families can hope to cope effectively.

Marital Discord and Household Disorganization: Two internal aspects of family life have frequently been associated with the occurrence of child abuse:

marital discord and household disorganization.[69] An early study by Young[73] that suggested the relationship between child maltreatment and disorganized households must be interpreted cautiously since she studied only a small clinical sample of abusive and neglectful families. More definitive conclusions can be drawn, however, from a later and better designed investigation conducted by Elmer[18] that included a group of abusers along with two contrast groups. Her observational data indicated, in substantiating the reliability of Young's early work, that abusive households had fewer systematic routines than non-abusive households.

Both of these investigators also reported that marital discord was high in abusive and neglectful families. Elmer measured this by questioning her subjects on their frequency of quarreling with their spouses and about any repeated separations. Young reported that little shared activity occurred between couples in abusive families.[33] And, more recently, Green found in his previously cited controlled study, that abusive mothers were experiencing more marital difficulty at the time they were interviewed than were mothers from neglectful and non-abusive/neglectful comparison groups. It remains unclear, however, why marital difficulty was mentioned by three times as many mothers in the control (21%) as in the neglect group (7%). Nevertheless, it should be mentioned that the absence of a warm, affectionate relationship within the marital dyad in abusive households has been repeatedly noted by researchers working with small clinical samples.[9,74]

In light of these findings it is interesting that practitioners have frequently observed one non-abusing adult protecting his or her abusive partner.[39] Such protection comes in both active and passive forms; the spouse may deny his partner's behavior or more simply fail to report it to the proper authorities. Two possible explanations are offered to account for this paradoxical

behavior. The silent partner may be an abuser himself or may simply be in such need of a companion, however inadequate, that he or she cannot take the appropriate steps to protect his/her own children.

Family stress seems quite likely to be the result of the documented household disorganization and marital discord found in abusive families. One can only suspect that when the internal workings of the family break down, as a result of external stress or independent of it, that the potential for abuse increases.

It seems, on the basis of the work reviewed here concerned with the social stress model of abuse, that what is lacking in these families are adequate coping skills. In some sense, the striking out against children may be a coping strategy itself; an attempt to exert one's power in a powerless situation, an attempt to quiet an annoying child when the resources are not available to meet his needs, or an attempt to control and organize a world that seems to be lacking in organization.

More appropriate coping strategies must be available, however, even under such stressful conditions; other families subjected to similar stress do not resort to abuse. This suggests, then, that however helpful a social stress or general sociological model appears to be in accounting for abuse, that it cannot, in and of itself, explain why abuse occurs. In other words, in addition to considering the stressful social forces that impinge upon a family and the psychiatric histories of the adult family members, we must examine other parameters of influence that might cause abuse. In the next section an attempt at this is undertaken by examining the child's role in abuse.

The Effect of the Child on his Caregiver Model

Our attempts to conceptualize the system of relationships existing between adults, children and the society in which they live, in order to

obtain a better understanding of the process at work in child abuse, have been, to a great extent, limited by the general theoretical models available in the social sciences. The notion that parents and society shape the developing young organism through a process labelled socialization is one of the oldest, most widely accepted, and well entrenched of these models.[66] Only in the relatively recent past has this unidirectional approach to socialization, so long the cornerstone in our thinking about child development, been seriously questioned.[3,4]

Contemporary psychological theorists and researchers alike, particularly those concerned with the parent-child system, are becoming increasingly aware that at the very moment in which parents are affecting their children's development, those children are themselves exerting an enormous amount of influence upon the behavior of their own parents.[5,65]

The possibility that such a bi-directional process of cause and effect might be at work in cases of child abuse was first considered when researchers and practitioners began to notice, in many instances, that a single child within a large family was selected as the target of abuse.[11] In fact, in one documented case, a child was abused not only in his own home, but in the foster home in which he was placed as well (McKay, cited by Milowe and Lourie[49]). The question that arises, of course, is why; why should a single child become the target of maltreatment? Is there something that the abused child is doing that would implicate him as a causative agent in abuse?

In this section of the paper, evidence collected to date concerning characteristic of abused children that point to the role they might play in their own mistreatment will be selectively reviewed.* Before proceeding with this review,

*A more comprehensive review of related research can be found in a recent paper by Friedrich and Boriskin.[20] Once again it should be noted that this paper is based

however, it is necessary to point out that in conceptualizing the role of the child, we are not restricting ourselves to willful and intentional patterns of behaving aimed at inciting one's parents. In fact, as we will see, many of those features observed in abused children that implicate them as elicitors of maltreatment, include personal peculiarities over which they have no control.

It has often been argued that abused children differ from their siblings and peers prior to their maltreatment. In support of this contention are data from Gil's [28] survey showing that 29% of the identified abused children exhibited some deviations in social interaction and general functioning prior to their reported abuse. An additional 14% suffered from some difficulty in physical functioning with 8% displaying some form of intellectual impairment.

Birrel and Birrel, [8] in their investigation of abused children in Australia, noted a similar pattern of abberant development; one quarter of their 42 subjects were found to have been born with physical anomolies. Johnson and Morse, [37] working with a large clinical sample, found that a full 70% of their 101 index cases exhibited some form of developmental deviation; these took the form of poor speech, physical deformities and toilet and feeding problems. It is interesting to note that even the child welfare workers who dealt with these children reported them to be difficult to manage. They characterized them as "whiny, fussy, listless, chronically crying, demanding, stubborn, resistive, negativistic, pallid, sickly, emaciated, fearful, panicky, unsmiling..." (p. 149).

These data, then, suggest that these atypical children who seem to run a high risk of being abused, are extremely difficult to care for. In the case of those parents lacking the necessary resources, skills and information

* upon a more lengthy manuscript written prior to the appearance of the just cited review; only where it is referenced has it influenced the present work.

required for taking care of and coping with an atypical child, it seems plausible that abuse is a delayed response to the frustration experienced in the caregiving role. Daily parenting is an extremely demanding job; when the necessary reinforcement offered by a happy, responsive and smiling child is not forthcoming, the burden of the task may become too great for certain parents.

Prematurity in the form of low birth weight and early gestational age has also been identified as characteristic of abused children.[47] [20] Fontana found that one-quarter of his maltreated subjects were below average in weight at birth; Elmer and Gregg[18] reported a similar figure (30%) for the sample they studied. And after examining the case records of 51 children diagnosed as suffering from"the battered child syndrome " who had been admitted to Montreal's Children's Hospital over a nine year period, Klein and Stern[41] discovered that 23.5% were below average in weight at the time of their birth.

Since the normal incidence of low birth weight in the population at large is between 7% and 8%, it appears that children born prematurely run the increased risk of being the victims of abuse. The question which remains to be answered is why. Two possible explanations are available. The first follows directly from the previous discussion of the relationship between atypicality and abuse. Since we know that premature babies are likely to suffer developmental difficulties,[15] it follows that their chances of being abused increase with the seriousness of their deviations.

The second explanation for the relationship between prematurity and abuse is based upon some recent investigations emerging from two projects examining the effect of early mother-neonate separation and later mother-infant interaction.[40,44,68] Kennel, Klaus and their colleagues have discovered that normal

hospital procedures involving the separation of mothers and their premature infants, for extended periods of time when the infants are placed in intensive care nurseries, may disrupt the social bonding which naturally occurs between the mother and her neonate. Such disruption, it is argued, may negatively influence the mother's developing attachment to her baby; one consequence of which may be placing her infant at increased risk for other than biological reasons. If this is indeed the case, and abuse is one of the possible side effects of such early separation, then a careful look at standard hospital procedures is in order (see section on Remediation).

Another characteristic of the child which has been linked to the occurrence of abuse involves the decisions made when the child was conceived and born. Blumberg[9] has suggested that an unwanted baby, resulting from an unplanned pregnancy, is likely to be rejected; and one manifestion of such a reaction may be abuse. Some data recently reported by Green[33] provide support for this contention; 84% and 89% of the 60 abusive and 30 neglectful mothers he interviewed reported their 5-13 year old index children to be unplanned, whereas the respective figure for a non-abusive/neglectful control group was 55%. Since so many "mistakes" are probably not abused, as indicated by the sizeable figure for Green's control group, it would be erroneous to conclude that this characteristic is sufficient to result in abuse. However, when the unplanned child effects a significant drain upon already limited resources, when he is the result of an illegitimate union, or when he serves to come between his mother and father, it seems likely that the potential for abuse would increase dramatically.

The work reviewed related to the third theoretical model under discussion has so far been concerned with characteristics of the child over which he has no control that may increase his chances of being maltreated.

Is there anything the child does that might cause abuse but which he might be able to control? Recent work by Parke and his colleagues[55,56] suggests that there is. These researchers had adults observe children's reactions to being disciplined on a videotaped monitor; they were then instructed to press a button indicating how they would respond if the child misbehaved on a second occasion. By systematically altering the child's response, these researchers were able to show that the punishment the child received was a function of the way he behaved; when he responded reparatively (by offering to replace the book he had knocked over) adult's reacted significantly less punitively than when he behaved defiantly.

In this section of the paper, some of the characteristics of the abused child which exist prior to his maltreatment and that have been implicated as causative agents in the process of abuse have been reviewed. It should be recognized that those few characteristics discussed represent only a small portion of the ways the child may actually elicit abuse. Of utmost importance may be the match between the attributes of the child and those of his caregiver.[72] Children are known, for example, to vary in their activity levels. If a slow paced mother has a highly energetic child, the potential for conflict would appear to be sizeable. Conversely, a highly active mother (or father) with an inactive and unresponsive child may find herself resenting the child. What seems to be important, then, is the congruency between a parent's desires and expectations and her child's characteristics.

Children are also know to differ in their need for physical contact; Schaffer and Emerson[67] found that a small group of the infants they studied could be labelled non-cuddlers; these children fussed when held too long and rarely clambered onto their parents' laps. A mother or father expecting to have a close physical relationship with his child might interpret this

tendency to avoid proximal contact as a sign of rejection. The potential for parental backlash in such a situation is certainly conceivable.

Temperament would also seem to be an important factor in determining how a parent reacts to his child. The work of Thomas, Chess and Birch[72] indicates that some children are more difficult to care for than are others. They are slow to warm up to new situations, foods and places, and are not well cycled in their biological rhythms. In addition, they seem to have lower thresholds of distress. If the parent himself is not sensitive to such idiosyncratic characteristics, and/or cannot adapt to them, the potential for parent-child conflict must surely increase and with it the possibility of abuse.

From these additional comments it is apparent that the child brings much into his relationship with his parents which may be extremely influential in determining the way in which he is treated. For this reason it is essential, as suggested earlier, that any theoretical model hoping to explain abuse, consider the recipient of that abuse as an integral part of the system in which maltreatment occurs.

It has not been the goal of the paper through this point to build a comprehensive theoretical model of child abuse. Rather, its more limited purpose was to identify some of the building blocks which any adequate model must eventually include. Therefore, not only have the forces at work within the individual and the society which contribute to the problem of abuse been critically examined, but characteristics of the maltreated child which may effect and contribute to his poor treatment have been discussed as well.

As the groundwork has now been laid, it is appropriate to turn to an

examination of remediation strategies based upon these three theoretical models of the etiology of child abuse.

REMEDIATION

It is the goal of the remainder of this paper to critically examine remediation strategies, derived from each of the previously discussed models of abuse, that have been implemented or could be implemented in the near future.

The Psychiatric Model

The classic approach to treating child abuse as an individual problem takes the form of psychotherapy. The adoption of such a technique assumes that deep seated emotional disturbances are responsible for the abuser's violent and aggressive behavior. In accordance with this thesis and the principles of psychodynamic therapy, it is expected that the aberrant behavior will disappear when insight into its etiology is achieved.

A more behavior oriented therapy assumes that abuse is a learned pattern of interacting with children. By creating conditions in the abuser's environment which no longer reinforce this behavior, but rather support more appropriate strategies for dealing with children, it is assumed that the abusive behavior will be extinguished. A recent and excellently designed observational investigation of abusive, neglectful, and control families, interacting in structured situations in their own homes, provides some guidelines for the directions such modification efforts ought to take.[12,13] To cite only two of the many findings emerging from their detailed behavior recordings of family interaction relevant to the issue of modification, Burgess and his associates reported that mothers in legally identified abusive families directed 40% fewer positive contacts to other family members, and responded negatively to their children 47% more frequently than did mothers

in matched control families.

A popular approach to remediation, founded upon a somewhat more psychodynamic model of abuse, employs lay therapists to be a friend and confidante of the abuser. Beginning with the assumption that it is the absence of a nurturant and caring relationship, either in childhood or in adulthood, which eventuates in role reversal and abuse, the therapist functions to emotionally support the parent. The proponents of such an approach argue that professional therapists are not essential or even necessary; warm, sensitive adults, experienced in raising their own children, who can understand the abuser's situation and empathize with his plight, are quite capable of filling the role.

In order for this remediation strategy to be effective, however, it is essential that the therapist not threaten the abuser; for this reason, persons indigenous to the community of the abuser are most often employed. In addition, the therapist must recognize that the parent and not the child is the sole focus of his concern. Unless the parent can truly feel that someone is especially interested in his well being and not simply available to help the children, it is doubtful that the therapist will function successfully.

Self help groups modelled after Alchoholics Anonymous are also being employed to help child abusers. Parents Anonymous, as these groups are called, assume, like the lay therapy program, that the abuser's lack of emotional support and absence of a sense of being understood lie at the root of his problem. From the ego strength derived from the group interaction process, fostered by the realization that he is not alone and by the establishment of empathic relationships with others, the abuser, it is believed. becomes able to discontinue his problem behavior.

Although little, if any, research data exist evaluating the relative

effectiveness of these various approaches to remediation, it is reasonable to hypothesize that two components of any psychological technique must exist before it can successfully reduce the probability of abuse occurring. First, the psychological needs of the abuser must be understood and treated. With the exception of the behavior modification therapy, all the techniques reviewed include this component to some degree. The lay therapy and self-help group approaches more adequately achieve this criterion than does traditional psychotherapy; both approaches provide the individual abuser with the emotinal support he desires, whereas psychotherapy offers him primarily insight into his problems.

The second component hypothesized as essential for an effective, individually oriented, remediation strategy involves providing the abuser with some type of behavioral alternative to his abusive response. It is this characteristic which behavior modification exemplifies but which traditional psychotherapy and self-help groups seem to be most lacking. Modelling of appropriate behavior is built into the lay therapy approach which, when considered with its previously discussed advantage, would suggest it to be a potentially effective technique. The psychological literature on imitation indicates that modelling of the therapist would be likely since the role expressly involves being nurturant and supportive to the person who is to do the modelling.[2]

Having reviewed and commented upon some of the strategies of remediation based upon the psychological model of abuse, we turn next to those that represent logical extensions of the sociological model.

The Sociological Model

Underlying the sociological model of child abuse is the basic assumption that it is the conditions within the society that cause abuse. Logical

extrapolation from this premise suggests that if the incidence of abuse is to be reduced, then the social conditions that foster it must be altered. The following consists, then, of an examination of some of the remediation efforts already implemented, based upon this philosophy, as well as other suggested, but not yet implemented social changes expected to reduce the incidence of abuse.

Working within the framework of the stress model, Gil[28] has argued that only a radical restructuring of American society can be effective in coping with the problem of child abuse. Basic to this restructuring is the revamping of the resouce distribution system as it presently exists; poverty must be eliminated unconditionally and education must be offered to all who desire it. In addition, comprehensive health care and social services, and adequate housing and income must be the right of every citizen. Obviously, Gil's recommendations have not been implemented and there is some basic disagreement as to whether such a radical transformation of society would, in and itself, wipe out abuse.[55]

Other writers have also suggested socially oriented approaches to remediating the problem of abuse but have been more modest in regards to what they see as necessary social changes. Extrapolating from his data indicating that the educational and day care facilities available for pre-schoolers are highly predictive of abuse on a county level, Garbarino[24] has suggested that more child care networks be established. The stress model posits that full time care of young children is extremely demanding and that any services offering part time relief might greatly reduce the pressure placed upon parents which cause them to abuse.

Crisis nurseries have been established to deal with this problem on an emergency basis. When parents are experiencing the stress of caregiving to the extent that they feel they might express their anger and frustration

by abusing their children, these centers serve as dropping off points. When the parent has composed himself, possibly by having a few hours alone, or more realistically, with fewer children to cope with, he returns to reclaim the child.

Homemaker services have also been made available to abusive families in attempt to establish an orderly environment in homes that are known to be sorely lacking in organization. This, it is argued, will not only reduce immediate pressures but educate parents in ways to manage their family so that the stress of daily life need not become greater than is necessary.

One of the most frequently cited characteristics which seems to differentiate abusive from non-abusive families is isolation from one's neighbors, relatives, and the formal and informal organizations within the community. It has been suggested that in those communities where abuse is frequent, social networks should be encouraged in order to help integrate isolated families into the mainstream of community life. A proposal by Bronfenbrenner and Cochran[10] is focused directly toward this issue; by utilizing community support workers, these researchers hope to stimulate the development of social networks which will function to support families in their childrearing role. Although this "ecological experiment" is not aimed directly toward reducing the incidence of abuse, there is no reason that programs with this specific goal in mind could not adopt such a treatment-prevention model.

The recognitition that parents need help in their roles as child-rearers suggests an important approach to social change which might have long term effects on rates of abuse as well as the general rearing of America's children, and is related to one consequence of the observed decay of the extended family and the institutionalization of public education in this country: radical age segregation within the pre-adult population.

Children in America spend most of their day with peers and, as a result, rarely interact with children younger or older than themselves. It is here suggested that our society's failure to socialize its children and teenagers for parenthood by not providing them with practical experience in caring for children may be greatly responsible for the rising abuse and neglect rates that have been observed.

A remedial approach to this problem has been adopted on an emergency basis in the case of child abuse; child management classes are offered to abusers in hopes of training them to be better child rearers. Unfortunately, it has been documented that many similar attempts to reach parents have been relatively unsuccessful.[16] These disturbing findings suggest that an alternative strategy for accomplishing this same result needs to be adopted.

One recommendation, heartily endorsed by this writer, is that socialization for parenthood begin early in life. By permitting and encouraging school age children and teenagers to experience and care for young children, it is hypothesized that they will not only gain an important sense of responsibility, but an awareness of, and sensitivity to childhood as well. Through experiencing some of the responsibilities, joys and displeasures of caregiving while growing up, adults might be better able to decide whether they want to raise children.

One hypothesized outcome of such responsible decision making is that individuals who have discovered before they accepted the full responsibilities of rearing that they do not enjoy caregiving, would choose not to become parents. Those adults who have judged their early experience with children to have been enjoyable and rewarding, yet difficult and trying at times, would be able to confidently, yet not naively, choose to become parents.

A social and educational policy that supported programs aimed at socialization for parenthood might greatly effect the rate of child abuse.

Potential abusers, discovering that childrearing is not a role they desire to adopt, would likely forego the responsibilities of parenthood. Present day abuse stemming from ignorance of child behavior and development should become all but non-existent. The early experience of responsibility derived from caring for children might also increase the self-esteem of those most in need of some ego support which their own homes fail to provide and which we have seen to be related to abuse. And finally, abused children would be able to observe alternative models whose child care behavior they might imitate; such modelling could be rewarded and in this way we might be able to break the oft noted inter-generational cycle of abuse. These ideas represent just some of the ways in which adequate early experience in care-taking before adopting the role full time might decrease the incidence of abuse.

Two final factors implicated by the sociological model which, if altered, might reduce abuse are the rampant violence that can be observed at all levels in our society and more specifically, the general acceptance of corporal punishment as a means of discipline. Gil[28] has argued, as have others,[27] that abuse is a natural extension of the everyday violence so accepted as part of the American scene. Not only are our rates of homicide, assault and battery and other violent crimes higher than in other western countries, but so is the frequency of violence which is portrayed on television.[55]

When these disturbing findings are juxtaposed to American attitudes toward physical punishment, as recently indicated by the Supreme Court's decision that under certain conditions, school personnel may corporally punish a student without parental permission, one may conclude that abuse represents behavior only quantitatively, but not qualitatively different from that encouraged by our social values. Only when cultural attitudes toward violence and corporal punishment in particular are altered, can we expect the rates of

abuse to decrease. Until such a time, sociological theorists argue, most of our remedial approaches are bound to be ineffective because they are working at cross purposes with the cultural forces inherent in American life; they are directed only at the symptom of child abuse rather than its cause.

The Effect of the Child on His Caregiver Model

The third and final theoretical model discussed was founded upon the premise that something within the child stimulates his parents to maltreat him. Treatment strategies derived from this model, then, aim to alter those attributes of the child that elicit abuse or, when this is not possible, alter the parent's manner of responding to those qualities and characteristics that they find, consciously or unconsciously, disturbing.

The work of Parke and his colleagues, discussed earlier, concerning adults' reactions to children's responses to discipline, suggests one avenue of modifying children's behavior that might minimize their likelihood of being abused. Recall that Parke et al.[56] found that children responding reparatively to punishment following a misdeed received significantly fewer punitive follow-up responses from adults than did those behaving defiantly. Given these results, it seems reasonable to propose that efforts aimed at modifying children's responses to punishment likely to set off an escalation process, that sometimes eventuate in abuse, might decrease the chances of abuse occurring. Indirect confirmation of the validity of this proposal can be found in the recent work of Patterson and his colleagues at the Oregon Research Institute.[57,58,59,60] These investigators demonstrated that parents and peers can be trained to function quite effectively as reinforcement agents in reducing the anti-social behavior of particularly disruptive school age children.

There is no reason to believe that school personnel could not also be enlisted in efforts to alter a child's abuse eliciting behavior. In fact,

schools and day care centers could serve as behavior change environments that systematically work to extinguish behavior likely to elicit abuse while encouraging less inciteful social responses. It is here suggested that the child experiencing such environments would be capable of transferring his newly acquired social skills to the home setting. That such skills might then influence the parent-child relationship certainly seems plausible.

As previously discussed, children can have many possible abuse eliciting characteristics over which they have little or no control. In such cases, it will be necessary to direct treatment efforts toward parents. Some possible avenues of such treatment are discussed below.

Recent work by Kennel, Klaus and their colleagues [35,40,44,68] suggests that a sensitive mother-neonate bonding period may exist during the infant's first hours and days of life. Workers in the field of abuse have repeatedly observed that low birth weight infants have an increased likelihood of being abused, and Kennel and Klaus, among others, have identified the premature infant as particularly at risk of being separated at birth from his mother for an extended period of time. Although the evidence is still limited, they have suggested that such separation impedes the natural process through which the mother becomes "attached" to her child.[43,44] One outcome of such detachment experience may be the premature infant's increased likelihood of being maltreated.[19]

Researchers in this area are therefore encouraging increased contact between mothers and their infants immediately following birth in hopes of fostering the natural bonding process. Such encouragement moves beyond mere rooming in during the mother's hospital stay and takes the form of stimulating mothers to actively explore their neonates immediately following birth. Furthermore, premature nurseries are being encouraged to permit parents to touch their children to as great an extent as possible without endangering

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their lives. Data are not yet available which speaks conclusively to the question of whether such bond promoting procedures actually decrease the incidence of abuse in low birth weight infants. Nevertheless, it seems feasible that prevention strategies such as the one described may minimize the effect that prematurity may have on parents in the abuse process, especially if this postpartum sensitive period is as important to the establishment of the parent-child bond as has been suggested.

The recognition that the standard treatment of premature infants may actually increase their risk status with regard to abuse may have great significance for the treatment of handicapped children in general; a population, it should be recalled, that has also been cited as at risk for abuse. If it is the case, as suggested earlier, that the extra caretaking such infants require increases the stress parents experience and thus the possibility of the child being maltreated, then it follows that parents of such special children need special assistance. Most probably, such assistance should begin early in the child's life; parents should be encouraged not only to explore their feelings regarding their abnormal child but should also be aided in coping with the extra demands such children will invariably make. By helping parents develop specific skills as well as a tolerance in caring for such children, and by assuring them of the normality of many of their initially rejectful feelings, it is suggested that the potentially inciteful characteristics that place handicapped children at greater risk with regard to abuse might be defused.

This last proposal can be expanded to include the parents of all children in hopes of reducing the incidence of abuse stemming from a possible mismatch between a child's characteristics (e.g. activity level, soothability, cuddliness) and a parent's desires or expectations. It is suggested that early in their

children's lives parents be assisted in developing an awareness of the unique and individual qualities of their children. The presumption is that with the proper help such awareness should develop into a respect and, hopefully, appreciation of the child such that a mismatch as discussed earlier might be prevented from eventuating in abuse.

In many respects, this proposal, founded upon the theory that characteristics of the child often lead to his abuse, can be seen as a natural extension of the socialization for parenthood proposal discussed earlier. In fact, many of the prevention and remediation strategies based upon this theoretical model presume that parents can develop competent parenting skills that would enable them to better understand, and thus cope with, many of the difficulties inherent in the demanding task of child care.

CONCLUSION

Reflection upon the various strategies of remediation discussed in the second half of the paper suggests to this writer that an interesting social process labelled "blaming the victim" (after Ryan [64]) may be at work in our attempts to cope with child abuse. Programs established to treat the abuser appear to be predominantly founded upon the psychiatric model; little concerted effort to eliminate the conditions which increase stress and thereby foster abuse can be observed. And it is these factors, the sociological model posits, which are responsible for abuse. By focusing our attention and efforts upon the individual abuser rather than the social conditions which foster (e.g. poverty) and possibly even encourage (e.g. cultural attitudes toward violence and physical punishment) his violent and aggressive behavior, we have not only succeeded in convincing most of the populous that abuse is a problem of individuals, but in so doing have relinquished any social obligation to alter those very conditions that effect the high rate of abuse.

In making this comment it must be made clear, and thus will be explicitly stated, that the author does not believe the sociological analysis of abuse to be completely correct. Rather, as it has been repeatedly arged in this paper, no single model, factor, or set of factors yet proposed can fully account for the occurrence of abuse. There are families that live under social stress identical to that of abusing families that do no abuse; parents with psychiatric histories similar to abusive parents that do not become abusers; and children with characteristics identical to those of abused children who do not elicit abuse. This suggests, then, that some dynamic interplay between adult, societal and child characteristics is at work in the abusive process.

Treatment programs and general remediation strategies that hope to have a significant impact on the incidence of child abuse must seriously consider all three theoretical models discussed then. To do so, they must include components that address problems of the abuser, the victim of the abuse, as well as of his family, and the community and society in which they reside.

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